

Applicant Signature

Income Guideline Chart			Examples of Proof of Household Income and Supporting Documents	
135% of the Poverty Level				
Number of People in Household	/	Total Household Income		
	(monthly)	(yearly)		
1	1,149	\$13,784	<ul style="list-style-type: none"> • Social Security Statement of Benefits 	
2	1,540	18,482	<ul style="list-style-type: none"> • U.S. Income Tax Return 	
3	1,932	23,180	<ul style="list-style-type: none"> • W-2 Wage and Tax Statements 	
4	2,323	27,878	<ul style="list-style-type: none"> • Food Stamp, Medicaid, Public Housing, LIHEAP, TANF, SSI, and WAGES eligibility determination letters <u>that show the income of the household</u> 	
5	2,715	32,576	<ul style="list-style-type: none"> • Veteran's Administration Statement of Benefit 	
6	3,106	37,274	<ul style="list-style-type: none"> • Unemployment Statement of Benefits 	
7	3,498	41,972	<ul style="list-style-type: none"> • Bank Statement that shows the income of the household 	
8	3,889	46,670	<ul style="list-style-type: none"> • Workmen's Compensation Statement of Benefit 	
*each additional person \$4,698			<ul style="list-style-type: none"> • Divorce or Child Support Decree • 3 Consecutive Pay Stubs • Other official documents that state your income 	
			**You only need to send the document(s) that apply to your household	

Please return this form to:

(Faxes are not accepted)

**Office of the Public Counsel
c/o The Florida Legislature
111 West Madison Street, Room 812
Tallahassee, Florida 32399-1400**

For more information call: 1-800-540-7039